



## Board of Hearing Aid Dispensers and Audiologists

Mailing Address:  
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### **Draft-Teleconference** **BOARD MEETING AGENDA**

TO: All Board Members

FROM: Carol Tellinghuisen

DATE: June 24, 2020

MEETING DATE: July 13, 2020

LOCATION: Teleconference

Persons interested in joining the meeting may do so by calling the teleconference number at 1-866-410-8397. Key in the Passcode: 605-773-4946#

MEETING TIME: 12:00 PM CT / 11:00 AM MT

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#### **Agenda Item Number**

1. Call to Order/Welcome and Introductions-Decker
2. Roll Call
3. Corrections or additions to the agenda
4. Approval of the agenda
5. Public Comment at 12:05 p.m. CT
6. Approval of the minutes from January 13, 2020
7. FY Financial Update
8. Renewal Update
9. Distribution of PPE-Decker
10. Executive Order 2020-25
11. Discussion/online hearing aids/tele-practice/VA Federal Employee Exemptions
12. Update on Audiology and Speech-Language Pathology Interstate Compact
13. Any other business coming in between date of mailing and date of meeting
14. Schedule next meeting
15. Adjourn



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### DRAFT-OFFICIAL BOARD MINUTES FOR January 13, 2020 Teleconference

**MEMBERS PRESENT:** Kurt Reder, President  
Dan Smith, Secretary/Treasurer  
Todd Decker, (Newly elected President)  
Norman Sorensen, Member

**MEMBERS ABSENT:** Ann Oldenkamp, Lay Member

**OTHERS PRESENT:** Carol Tellinghuisen, Executive Secretary  
Jill Lesselyoung, Executive Assistant  
Brooke Tellinghuisen Geddes, Executive Assistant  
Scott Roetzel, Office of the Attorney General  
Jennifer Schultz, SDSLHA  
Marni Johnson, SDSLHA

President Reder called the meeting to order at 12:06PM CT.

**ROLL CALL:** Reder asked Lesselyoung to call the roll. Reder, yes; Smith, yes; Decker, yes; Sorensen, yes. A quorum was present.

**CORRECTIONS OR ADDITIONS TO THE AGENDA:** None

**APPROVAL OF THE AGENDA:** Decker made a motion to approve the agenda. Sorensen seconded the motion. **MOTION PASSED** by roll call vote. Reder, yes; Smith, yes; Decker, yes; Sorensen, yes.

**PUBLIC COMMENT:** Reder called for public comment. Jennifer Schultz advised she had information regarding the proposed Audiology & Speech-Language Pathology Interstate Compact she would like to share with the Board. She advised she had attended meetings on the compact and only certain states will be introducing legislation during this current session. The compact is similar to nursing and the proposed physical therapy compact. Neighboring states of Nebraska and Wyoming have plans to introduce legislation. The first states to join will have a voice in writing the rules. Reder advised the compact is an agenda item and Schultz is welcome to present further comments at that time.



**ELECTION OF OFFICERS:** Reder made a motion to elect Decker as President. Sorensen seconded the motion. **MOTION PASSED** by roll call vote. Reder, yes; Smith, yes; Decker, yes; Sorensen, yes. Reder made a motion to re-elect Smith as Secretary/Treasurer. Sorensen seconded the motion. **MOTION PASSED** by roll call vote. Reder, yes; Smith, yes; Decker, yes; Sorensen, yes.

**APPROVAL OF MINUTES:** Decker made a motion to approve the minutes from July 15, 2019. Smith seconded the motion. **MOTION PASSED** by roll call vote; Reder, yes; Smith, yes; Decker, yes; Sorensen, yes.

**FY FINANCIAL UPDATE:** Lesselyoung reported fiscal year-end figures as of June 30, 2019; revenue of \$28,410.71, expenses of \$25,698.70 and cash balance of \$93,932.06 and year to date figures as of November 30, 2019; revenue of \$7,870.94, expenses of \$11,469.62 and cash balance of \$90,333.38. Decker questioned the cash balance reserve. Tellinghuisen advised a cash balance is necessary to fund legal counsel if needed on complaints/investigations.

**EXECUTIVE SESSION PER SDCL 1-25-2:** Decker made a motion to enter executive session at 12:25PM. Smith seconded the motion. **MOTION PASSED** by roll call vote; Reder, yes; Smith, yes; Decker, yes; Sorensen, yes. Schultz exited the meeting. Decker made a motion to exit executive session at 12:21PM. Sorensen seconded the motion. **MOTION PASSED** by roll call vote; Reder, yes; Smith, yes; Decker, yes; Sorensen, yes. Schultz re-joined the meeting. Johnson joined the meeting at 12:39PM.

**EXECUTIVE SECRETARY CONTRACT:** Decker made a motion to approve the current contract with Tellinghuisen with the stipulation of including a state cost of living increase if granted by the state. Smith seconded the motion. **MOTION PASSED** by roll call vote. Reder, yes; Smith, yes; Decker, yes; Sorensen, yes.

**DISCUSSION OF ONLINE HEARING AIDS AND TELEPRACTICE:** Decker made a motion to table the agenda items until the next meeting. Smith seconded the motion. **MOTION PASSED** by roll call vote. Reder, yes; Smith, yes; Decker, yes; Sorensen, yes.

**AUDIOLOGY AND SPEECH LANGUAGE PATHOLOGY INTERSTATE COMPACT:** Reder called for discussion and allotted Schultz 10 minutes for further comment. She advised the Association is pursuing legislation to present the compact this session as they feel South Dakota would like to have a seat at the table to make the rules. They had conducted several surveys of the membership and there is good support in the field at this time. Concerns are the unknown costs at this point in time. She advised there are national associations that could possibly contribute financial support. Decker thanked Schultz for presenting to the Board. He put forth several concerns regarding the investigation of complaints on out of state licensees and how it would be handled for out of state licensees to dispense hearing aids in SD. Smith questioned why Hearing Aid Dispensers are not included in the compact. Reder questioned if there has been word of a shortage of hearing aid dispensers/audiologists. Tellinghuisen advised the SLP Board is aware there are concerns on a shortage of practitioners for Speech Language Pathology. The Board members questioned whether SLP could join the compact and AUD opt out. Schultz advised it must be the same in all states. Schultz advised she will find answers to the Board's questions. The Board expressed concerns on the short timeline to research.

**ANY OTHER BUSINESS COMING IN BETWEEN DATE OF MAILING AND DATE OF MEETING:** There was no other business.

**SCHEDULE NEXT MEETING:** The next meeting has been tentatively scheduled for July 13<sup>h</sup>, 2020 via teleconference at 11:00MT/12:00CT.

Decker made a motion to adjourn the meeting at 1:00PM CT. Sorensen seconded the motion.  
**MOTION PASSED** by roll call vote, Reder, yes; Smith, yes; Decker, yes; Sorensen, yes.

Respectfully submitted,

Dan Smith  
Secretary/Treasurer

1-27-1.17. Draft minutes of public meeting to be available--Exceptions--Violation as misdemeanor. The unapproved, draft minutes of any public meeting held pursuant to § 1-25-1 that are required to be kept by law shall be available for inspection by any person within ten business days after the meeting. However, this section does not apply if an audio or video recording of the meeting is available to the public on the governing body's website within five business days after the meeting. A violation of this section is a Class 2 misdemeanor. However, the provisions of this section do not apply to draft minutes of contested case proceedings held in accordance with the provisions of chapter 1-26.

STATE OF SOUTH DAKOTA  
REVENUE SUMMARY BY BUDGET UNIT  
FOR PERIOD ENDING: 05/31/2020

PAGE

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AGENCY	09	HEALTH			
BUDGET UNIT	09203	BOARD OF HEARING AID DISPENSERS			
CENTER	COMP	ACCOUNT	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE
COMPANY NO	6503				
COMPANY NAME	PROFESSIONAL & LICENSING BOARDS				
092030061811	6503	4293954	HEARING AID DISPENSER	7,200.00	16,700.00
ACCT:	4293	BUSINESS & OCCUP LICENSING (NON-GOVERNMENTAL)		7,200.00	16,700.00
ACCT:	42	LICENSES, PERMITS & FEES		7,200.00	16,700.00
092030061811	6503	4920045	NONOPERATING REVENUES	.00	1,720.94
ACCT:	4920	NONOPERATING REVENUE		.00	1,720.94
ACCT:	49	OTHER REVENUE		.00	1,720.94
CNTR:	092030061811			7,200.00	18,420.94
CNTR:	092030061			7,200.00	18,420.94
CNTR:	0920300			7,200.00	18,420.94
COMP:	6503			7,200.00	18,420.94
B UNIT:	09203			7,200.00	18,420.94



STATE OF SOUTH DAKOTA  
MONTHLY OBJECT/SUB-OBJECT REPORT BY BUDGET UNIT  
FOR PERIOD ENDING: 05/31/2020

AGENCY BUDGET UNIT CENTER-5	09 09203 09203	HEALTH BOARD OF HEARING AID DISPENSERS BOARD OF HEARING AID DISPENSERS	DESCRIPTION	CURRENT MONTH	YEAR-TO-DATE
COMPANY NO 6503					
COMPANY NAME PROFESSIONAL & LICENSING BOARDS					
092030061811	6503	510103000000000000	BOARD & COMM MBRS FEES	.00	420.00
ACCT: 5101	6503	EMPLOYEE SALARIES		.00	420.00
092030061811	6503	510201000000000000	OASI-EMPLOYER'S SHARE	.00	32.13
ACCT: 5102	6503	EMPLOYEE BENEFITS		.00	32.13
ACCT: 51	6503	PERSONAL SERVICES		.00	452.13
092030061811	6503	520409000000000000	MANAGEMENT CONSULTANT	1,827.09	22,158.67
092030061811	6503	520416000000000000	WORKSHOP REGISTRATION FEE	.00	76.05
092030061811	6503	520420000000000000	CENTRAL SERVICES	176.77	577.87
092030061811	6503	520420400000000000	RECORDS MGMT SERVICES	.00	249.00
092030061811	6503	520420700000000000	HUMAN RESOURCES SERVICES	.00	156.98
092030061811	6503	520451000000000000	RENTS-OTHER	.00	80.00
092030061811	6503	520458000000000000	TRUCK-DRAVAGE & FREIGHT	28.71	40.04
092030061811	6503	520459000000000000	INS PREMIUMS & SURETY BDS	.00	880.00
ACCT: 5204	6503	CONTRACTUAL SERVICES		2,032.57	24,218.61
092030061811	6503	520531000000000000	PRINTING-STATE	17.03	119.63
092030061811	6503	520535000000000000	POSTAGE	.00	35.97
ACCT: 5205	6503	SUPPLIES & MATERIALS		17.03	155.60
ACCT: 52	6503	OPERATING EXPENSES		2,049.60	24,374.21
COMP: 6503 PROFESSIONAL & LICENSING BOARDS					
CENTER: 092030061811					
B UNIT: 09203					
				2,049.60	24,826.34
				2,049.60	24,826.34
				2,049.60	24,826.34

AGENCY: 09 HEALTH  
BUDGET UNIT: 09203 BOARD OF HEARING AID DISPENSERS

COMPANY	CENTER	ACCOUNT	BALANCE	DR/CR	CENTER DESCRIPTION
6503	092000061811	1140000	87,526.66	DR	
COMPANY/SOURCE TOTAL	6503	618	87,526.66	DR *	BOARD OF HEARING AID DISPENSERS
COMP/BUDG UNIT TOTAL	6503	09203	87,526.66	DR **	
BUDGET UNIT TOTAL	09203		87,526.66	DR ***	



**STATE OF SOUTH DAKOTA  
OFFICE OF THE GOVERNOR  
EXECUTIVE ORDER 2020-25**

**Whereas,** An outbreak of the severe respiratory disease, COVID-19, which is caused by the person-to-person spread of the novel coronavirus, started in late 2019 and has currently been detected across the world, including the United States; and,

**Whereas,** The World Health Organization and the Centers for Disease Control and Prevention ("CDC") have declared the COVID-19 outbreak a public health emergency and pandemic; and,

**Whereas,** The CDC has issued guidance to all state and local governments and all citizens recommending preparedness, nonessential travel, social distancing, and other mitigation strategies impacting many sectors of daily life to prevent the spread and guard against the COVID-19 outbreak; and,

**Whereas,** South Dakota has confirmed cases of COVID-19, making this a public health emergency posing a danger to public health and safety in all of South Dakota; and,

**Whereas,** A state of emergency has been declared by Executive Order 2020-04 on March 13, 2020, which has been extended by Executive Order 2020-15, and continues to currently exist within the State of South Dakota until its expiration on May 31, 2020, unless sooner terminated or extended; and,

**Whereas,** Strict compliance with the statutory and regulatory requirements for health care provider applicants to submit proof of completing examination requirements prior to licensure by their respective state licensing Board will prevent, hinder or delay necessary actions to cope with this emergency in all counties of our state, as the exam are being delayed or cancelled; and

**Whereas,** Strict compliance with the statutory and regulatory requirements for social work and behavioral health care provider applicants to submit proof of completing examination requirements prior to licensure by their respective state licensing Board will prevent, hinder or delay necessary actions to cope with this emergency in all counties of our state, as the exam are being delayed or cancelled;

**NOW, THEREFORE, I, KRISTI NOEM,** Governor of the State of South Dakota, by the authority vested in me by the Constitution and the Laws of this State, including but not limited to SDCL 34-48A-5(4), do hereby order and direct the following:

**Section 1 Proof of Passing Examination.** I temporarily suspend the statutory provisions of SDCL 36-4-11, 36-4-17, 36-4-17.1, 36-4A-8, 36-6A-44, 36-6A-44.2, 36-10-30, 36-10-35.1, 36-24-17.3, and 36-31-6, and the regulatory provisions of ARSD 20:47:03:03 and 20:84:03:01 requiring applicants to submit proof of completing examination requirements to prevent delaying licensure during the emergency. Physicians, physician assistants, dentists, dental hygienists, physical therapists, physical therapist assistants, audiologists, occupational therapists, occupational therapy assistants, and medical assistants who are granted a license without having submitted the proof of examination pursuant to this Executive Order shall submit proof of examination to their respective state licensing Board by November 30, 2020.

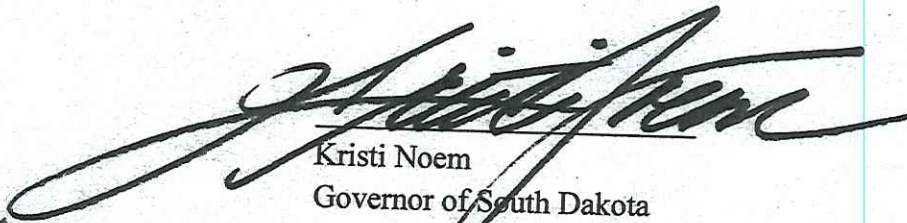
**Section 2 Proof of Passing Examination.** I temporarily suspend the statutory provisions of SDCL 36-26-14, 36-26-15, 36-26-15.1, 36-26-16, 36-32-42 and the regulatory provisions of ARSD 20:59:01:02.01, 20:71:05:02, and 20:80:07:01 requiring applicants to submit proof of completing examination requirements to prevent delaying licensure during the emergency. Effective July 1, 2020, I temporarily suspend the statutory provisions of SDCL 36-32-65 requiring applicants to submit proof of completing examination requirements to prevent delaying licensure during the emergency. Certified social workers, social workers, social work associates,




licensed addiction counselor, licensed addiction counselor, certified prevention specialist, licensed professional counselors-mental health, and licensed marriage and family therapists who are granted a license or plan of supervision without having submitted the proof of examination pursuant to this Executive Order shall submit proof of examination to their respective state licensing Board by November 30, 2020.

**BE IT FURTHER ORDERED,** This Executive Order shall be in effect immediately and shall continue for the duration of the state of emergency declared by Executive Order 2020-04 and extended by subsequent Executive Order 2020-15, unless sooner terminated or extended.

Dated in Pierre, South Dakota this 26<sup>th</sup> day of May 2020.

  
Kristi Noem  
Governor of South Dakota

ATTEST:

  
Steve Barnett  
Secretary of State



## Compact Map

Georgia

North Carolina

Oklahoma

Utah

West Virginia

Wyoming

■ - ENACTED

■ - LEGISLATION PENDING







**ASHA**  
American  
Speech-Language-Hearing  
Association

# Audiology and Speech-Language Pathology Interstate Compact (ASLP-IC)

ASLP-IC is an occupational licensure compact that:

- Addresses increased demand to provide/receive audiology and speech-language pathology services.
- Authorizes both telehealth and in-person practice across state lines in ASLP-IC states.
- Is similar in form and function to occupational licensure compacts for nursing, psychology, medicine, physical therapy and emergency medical services.



ASLP-IC is operational when 10 states enact the legislation for the compact.

- Audiologists and speech-language pathologists licensed in their home state apply for a privilege to practice under the ASLP-IC. State lines are a barrier no more!
- ASLP-IC states communicate and exchange information including verification of licensure and disciplinary sanctions.
- ASLP-IC states retain the ability to regulate practice in their states.

## Benefits

- Increasing access to client, patient and student care.
- Facilitating continuity of care when clients, patients, and students relocate, travel.
- Certifying that audiologists and speech-language pathologists have met acceptable standards of practice.
- Promoting cooperation between ASLP-IC states in the areas of licensure and regulation.
- Offering a higher degree of consumer protection across state lines.

## Impacts

- Allowing licensed audiologists and speech-language pathologists to practice face to face or through telehealth across state lines without having to become licensed in additional ASLP-IC states.

- Permitting audiologists and speech-language pathologists to provide services to populations currently underserved or geographically isolated.
- Allowing military personnel and spouses to more easily maintain their profession when relocating.

## Resources

- Learn more about interstate compacts by visiting CSG's National Center for Interstate Compacts.
- Learn more about the ASLP-IC.
- Find out who the collaborative partners are and see the latest updates.
- ASHA Compacts Presentation: Compacts 101 (August 27, 2019) [PDF]
- ASHA Compact Presentation: ASLP-IC Section by Section [PDF]

For questions, contact Dan Logsdon at [dlogsdon@csg.org](mailto:dlogsdon@csg.org) or ASHA at [interstatecompact@asha.org](mailto:interstatecompact@asha.org).

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# Audiology & Speech- Language Pathology Interstate Compact (ASLP-IC)

An overview of interstate compacts and in-depth information on the ASLP-IC's process development, requirements to participate, and benefits to states and consumers.

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## FOR ADDITIONAL INFORMATION

Dan Logsdon | [dlogsdon@csg.org](mailto:dlogsdon@csg.org) | 859-244-8226



## Interstate Compact Overview

An interstate compact is a powerful, durable, and adaptive tool for ensuring cooperative action among states. It can provide a state-developed structure for collaborative and dynamic action while building consensus among states. The nature of an interstate compact makes it the ideal tool to meet the demand for cooperative state action by developing and enforcing stringent standards while providing an adaptive structure that, under a modern compact framework, can evolve to meet new and increased demands over time.

General purposes for creating an interstate compact include:

- establishing a formal, legal relationship among states to address common problems or promote a common agenda;
- creating independent, multistate governmental authorities (e.g., Commissions) that can address issues more effectively than a state agency acting independently, or when no state has the authority to act unilaterally;
- developing uniform guidelines, standards, or procedures for agencies in the compact's member states;
- promoting economies of scale to reduce administrative and other costs;
- responding to national priorities in consultation or in partnership with the federal government;
- retaining state sovereignty in matters traditionally reserved for the states; and
- settling interstate disputes.

## Congressional Approval

Congress typically must first approve an interstate compact. Article I, Section 10 of the U.S. Constitution provides in part that "no state shall, without the consent of Congress, enter into any agreement or compact with another state." Historically, this clause generally meant all compacts must receive congressional consent. However, the purpose of this provision was not to inhibit the states' ability to act in concert with each other. In fact, by the time the Constitution was drafted, the states were already accustomed to resolving disputes and addressing problems through interstate compacts and agreements. The purpose of the compact clause was simply to protect the pre-eminence of the new national government by preventing the states from infringing upon federal authority or altering the federal balance of power by compact.

Accordingly, the Supreme Court indicated more than 100 years ago in *Virginia v. Tennessee*, 148 U.S. 503 (1893) that not all compacts require Congressional approval. Today, it is well established that only those compacts that affect a power delegated to the federal government or alter the political balance within the federal system, require the consent of Congress.

## State Constitutions Permit the Creation and/or Joining of Interstate Compacts

Compact language is usually drafted with state constitutional requirements common to most state constitutions such as separation of powers, delegation of power, and debt limitations in mind. The validity of the state authority to enter compacts and potentially delegate authority to an interstate agency has been specifically recognized and unanimously upheld by the U.S. Supreme Court in *West Virginia v. Sims*, 341 U.S.22 (1951).

## Interstate Compacts Are Common

Over 200 interstate compacts are in existence today. Typically, a state belongs to more than 20 interstate compacts.

## Types of Interstate Compacts

Although there are many types of interstate compacts that are generally divided into three types of compacts:

- **Regulatory Compacts:** The broadest and largest category of interstate compacts may be referred to as “regulatory” or “administrative” compacts. Such compacts are a development of the 20th century and embrace wide-ranging topics including regional planning and development, crime control, agriculture, flood control, water resource management, education, mental health, juvenile delinquency, child support, and so forth. Examples of such compacts include:
  - *Driver License Compact:* Exchange information concerning license suspensions and traffic violations of non-residents and forward them to the state where they are licensed known as the home state.
  - *Interstate Compact on Adult Offender Supervision:* Regulate the movement of adult offenders across state lines.
  - *Midwest Radioactive Waste Disposal Compact:* Regulate radioactive waste disposal.
  - *Washington Metropolitan Area Transit Regulation Compact:* Regulate passenger transportation by private carrier.
  - *1921 Port Authority of New York-New Jersey Compact:* Provides joint agency regulation of transportation, terminal, and commerce/trade facilities in the New York metropolitan area.

Regulatory compacts create ongoing administrative agencies whose rules and regulations may be binding on the states to the extent authorized by the compact.

- **Border Compacts:** Border compacts are agreements between two or more states that alter the boundaries of a state. Once adopted by the states and approved by Congress, such compacts permanently alter the boundaries of the state and can only be undone by a subsequent compact approved by Congress or the repeal of the compact with Congress’s approval. Examples include the Virginia-Tennessee Boundary Agreement of 1803, Arizona-California Boundary Compact of 1963, the Missouri-Nebraska Compact of 1990, and the Virginia-West Virginia Boundary Compact of 1998.
- **Advisory Compacts:** Advisory compacts are agreements between two or more states that create study commissions. The purpose of the commission is to examine a problem and report back to the respective states on their findings. Such compacts do not result in any change in the state’s boundaries nor do they create ongoing administrative agencies with regulatory authority. They do not require congressional consent because they do not alter the political balance of power between the states and federal government or intrude on a congressional power. An example of such a compact is the Delmarva Peninsula Advisory Council Compact (to study regional economic development issues), 29 Del. C. § 11101 (2003); Va. Code Ann. § 2.2- 5800 (2003).



## **Regulatory Interstate Compacts in Health Care are Unique**

Depending on the needs of the profession, interstate compacts addressing regulatory matters within the health care sector can be structured quite differently. Currently, there are several professions utilizing interstate compacts to address regulatory matters and each profession has taken a different approach when writing its compact language. For example, in comparing the professions of medicine and nursing, medicine chose to construct its compact to address expedited licensure; while nursing's compact creates a multistate license. Audiology and speech-language pathology has chosen to use the *privilege to practice* model that is currently being used by the physical therapists.

## **Interstate Compacts Provide Many Advantages**

Interstate compacts provide an effective solution to addressing multistate issues. Compacts enable the states, in their sovereign capacity, to act jointly and collectively, generally outside the confines of the federal legislative or regulatory process while respecting the view of Congress on the appropriateness of joint action. Interstate compacts can preempt federal involvement into matters that are traditionally within the purview of the states but have regional or national implications.

Compacts afford states the opportunity to develop dynamic self-regulatory systems that participating states can maintain control of through a coordinated legislative and administrative process. Compacts enable the states to develop adaptive structures that can evolve to meet new and increased challenges that naturally arise over time.

Interstate compacts can provide states with a predictable, stable, and enforceable instrument of policy control. The contractual nature of compacts ensures their enforceability on the participating states. The fact that compacts cannot be unilaterally amended ensures that participating states will have a predictable and stable policy platform for resolving issues. By entering into an interstate compact, each participating state acquires the legal right to require the other states to perform under the terms and conditions of the compact.

Interstate compacts may often require a great deal of time to develop and implement. While recent interstate compact efforts have met with success in a matter of a few years, some interstate compacts have required decades to reach critical mass. The purpose of an interstate compact is to provide for the collective allocation of governing authority between participating states. The requirement of substantive "sameness" prevents participating states from passing dissimilar enactments notwithstanding, perhaps, pressing state differences with respect to matters within the compact.

To the extent that a compact is used as a governing tool, they require, even in the boundary compact context, that participating states cede some portion of their sovereignty. The matter of state sovereignty can be particularly problematic when interstate compacts create ongoing administrative bodies that possess substantial governing power. Such compacts are truly a creation of the 20th century as an out-growth of creating the modern administrative state. However, as the balance of power continues to realign in our federalist system, states may only be able to preserve their sovereign authority over interstate problems to the extent that they share their sovereignty and work together cooperatively through interstate compacts.

## **Interstate Compact Development**

Compacts are contracts between states. To be enforceable, they must satisfy the customary requirements for valid contracts, including the notions of offer and acceptance. An offer is made when one state, usually by statute, adopts the terms of a compact requiring approval by one or more additional states to become effective. Other states accept the offer by adopting identical compact language. Once the required number of states has adopted the pact, the contract between them is valid and becomes effective as provided. The only other potential requirement is congressional consent.

## **Interstate Compact Components**

The compact should contain the minimum basics upon which it needs to operate, including the agreement between states and the operation of its governing body. The compact does not need to address every conceivable eventuality, nor should it. Its purpose is to provide the framework to build upon. The rules are the actuators of the compact and contain the details of state interaction, including:

- how information will be shared;
- standards and practices to be followed;
- forms that will be used; and
- timelines to be established.

By using the compact as the broad framework, the rules can be adapted and adjusted as needed throughout the life the compact without the need to go back each time for legislative approval from the member states, subject to the legislatively delegated authority.



# Audiology & Speech-Language Pathology Interstate Compact (ASLP-IC)

## Development Process

ASLP-IC is an interstate compact designed to allow licensed audiologists and speech-language pathologists to practice across state boundaries and through telepractice both legally and ethically without necessitating that an individual become licensed in every state to practice.

The development of any interstate compact should be a state-driven and state-championed solution for issues that cross state boundaries. The American Speech-Language-Hearing Association (ASHA), the national professional association for audiologists and speech-language pathologists, was approached by its members to develop a mechanism to assist in the regulation of interstate licensure and telepractice. Given ASHA's financial and operational abilities, ASHA agreed to underwrite the process and engage in a contract with the Council of State Governments, National Center for Interstate Compacts (CSG-NCIC). ASHA partnered with CSG-NCIC and the National Council of State Boards of Examiners in Speech-Language Pathology and Audiology (NCSB) to move forward with the ASLP-IC.

The initial process involved identifying an Advisory Group and Drafting Team.

- **Advisory Group:** The Advisory Group was composed of 16 members including state officials and representatives from state licensing boards, the U.S. Department of Defense, and national stakeholder organizations. They examined the challenges encountered by audiologists and speech-language pathologists providing interstate services, both in-person and through telepractice. The group then reviewed the feasibility of drafting a compact as a way of regulating interstate practice as well as meeting the request of the member boards to create an agreement between the states. The Advisory Group met in 2017. Their work culminated in a set of broad recommendations as to what the final compact product should entail.
- **Drafting Team:** The Drafting Team, a subset of the Advisory Group, was tasked with implementing, via a draft compact, the thoughts, ideas, and suggestions of the Advisory Group. The six-member Drafting Team, composed of compact and issue area experts, crafted the recommendations and provided their thoughts and expertise into the draft compact. The document was then open for comment in October 2018 for stakeholders. After the stakeholder feedback period, the Drafting Team made modifications as needed based on the feedback.

**ASLP-IC becomes operational** once 10 states enact ASLP-IC and enter the compact. The Advisory Group determined 10 states would be the critical mass needed to make ASLP-IC a useful and viable instrument to practice under the authority of ASLP-IC across state lines. Coincidentally, other compacts like the Physical Therapy Compact have used 10 states as a benchmark for their compact to become operational.

**When an ASLP-IC becomes operational** the ASLP-IC Commission is created. The Commission is the governing body of ASLP-IC and is responsible for its oversight and the creation of its Rules and Bylaws. Individual licensed audiologists and speech-language pathologists in ASLP-IC member state can then apply for a *privilege to practice*.



**The role of the ASLP-IC Commission** is the governing body of the ASLP-IC and is comprised of two representatives appointed from each ASLP-IC state licensing board; one representing the practice of audiology and one representing the practice of speech-language pathology. The Commission is responsible for implementing the Rules and Bylaws of the ASLP-IC.

**The ASLP-IC Commission operates** as the free-standing governing body of the ASLP-IC. NCSB will have one ex-officio, nonvoting member serve on the Executive Board of the Commission. A national audiology membership organization and a national speech-language pathology membership organization will also have one ex-officio, nonvoting membership each on the Executive Board of the Commission.

## **Requirements for Audiologists and Speech-Language Pathologists to Participate**

**The prevailing standard** in the United States for the profession of audiology is for an individual to possess a doctoral degree in audiology. The prevailing standard in the United States for the profession of speech-language pathology is for an individual to possess a master's degree in speech-language pathology.

**A licensed audiologist's or speech-language pathologist's participation in the ASLP-IC** requires that he or she meet a defined set of criteria as stated in the ASLP-IC. Through a state's participation in the ASLP-IC, an audiology or speech-language pathology licensing board does not conduct the full assessment and review as required when reviewing an individual's application for licensure. Rather, they rely on the ASLP-IC to vet an individual's qualifications and ensure that they meet this defined set of standards, such as not having any disciplinary issues, as those individuals participating in the ASLP-IC will not be reviewed by a board on a case-by-case basis.

**An audiologist who has graduated** with a master's degree in audiology prior to December 31, 2007, may obtain a *privilege to practice* under the ASLP-IC.

**If an ASLP-IC participating state does not require a separate license or certification to work** in a school, an individual who works in a school may obtain a *privilege to practice* under the ASLP-IC. That individual may work in a school in another participating state only if that state does not require a separate license or certification to do so.

Home State	Remote State	Privilege to Practice
One license	One license	Privilege to Practice
One license	DOE License/Cert required	DOE License/Cert required
DOE License/Cert required	DOE License/Cert required	DOE License/Cert required
DOE License/Cert required	One license	Privilege to Practice

If an ASLP-IC participating state does not require a separate license to dispense a hearing aid, a practitioner may obtain a *privilege to practice* under the ASLP-IC and will be able to continue to do so. If the remote state does require a separate license to dispense, the practitioner will have to obtain that license.

Home State	Remote State	Privilege to Practice
One license	One license	Privilege to Practice
One license	HAD license required	HAD license required
HAD license required	HAD license required	HAD license required
HAD license required	One license	Privilege to Practice

**An individual can no longer practice under the authority of the ASLP-IC if his or her state license is revoked.** An individual is still eligible to apply for licensure directly in any state, regardless of that state's participation in the ASLP-IC. By applying for licensure, the board will make the final, ultimate determination to decide if a license to practice audiology or speech-language pathology should be granted.

Section 3 – “G. The privilege to practice is derived from the home state license.”

Section 4 – “J. If a home state license is encumbered, the licensee shall lose the compact privilege in any remote state until the following occur:

1. The home state license is no longer encumbered; and
2. Two years have elapsed from the date of the adverse action.”

If a *privilege to practice* is revoked because of an adverse action, every other state where a *privilege to practice* is held and where the home state license is held will determine if the privilege or license in that state is also revoked.

**An audiologist's or speech-language pathologist's *privilege to practice* is not revoked while an audiologist or speech-language pathologist is in an alternative program.**

Section 7: “I. Nothing in this compact shall override a member state's decision that participation in an alternative program may be used in lieu of adverse action.”

**Continuing Education & the ASLP-IC.** A practitioner only needs to maintain their home state license and associated continuing education in order to obtain a *privilege to practice* in a remote state. The practitioner does not need to meet a remote state's continuing education requirements unless it relates to scope of practice issues. For example, if a remote state requires continuing education in supervision in order to supervise, the practitioner would be required to complete that continuing education requirement if they planned to supervise.

**ASLP-IC provides an accessible and manageable regulatory structure for the practice of audiology and speech-language pathology across state lines.** Advantages to consumers are increased access to care, an avenue for complaints, and a greater degree of public protection. Audiologists and speech-language pathologists also have a means to provide services in other states where they may not currently hold a license. ASLP-IC requires that an





audiologist and speech-language pathologist be licensed in their home state but allows to practice in a remote state through a *privilege to practice*. This allows the home state to continue to regulate while allowing the remote state to know who is practicing in their state and in what capacity without requiring audiologists and speech-language pathologists to obtain and maintain a license in every ASLP-IC state.

## **Impact on States**

**Licensing requirements vary state to state.**

As a means to promote compliance with laws as well as develop consistency in practice standards amongst states, ASLP-IC serves as mechanism in which states agree to accept audiologists and speech-language pathologists that have met a defined level of standards who are practicing in their state.

**The rules of the ASLP-IC are only applicable to states that enact ASLP-IC.**

The rules of the ASLP-IC would only supersede any state law pertaining to the interjurisdictional practice of audiology and speech-language pathology.

**A state can withdraw from ASLP-IC by repealing the ASLP-IC Model Legislation.**

The withdrawal shall not take effect until six (6) months after enactment of the repealing Statute. Withdrawal will not affect the continuing requirement of the withdrawing State's Audiology and Speech-Language Pathology Regulatory Authority to comply with the investigative and adverse action reporting requirements of this act prior to the effective date of withdrawal.

*Section 12 – "C. Any member state may withdraw from this Compact by enacting a statute repealing the same."*

**ASLP-IC does not impact a state's right or ability to issue a license.**

It is applicable only to the interjurisdictional practice of audiology and speech-language pathology precedence over state laws regarding this type of interjurisdictional practice.

## **Impact on Audiologists and Speech-Language Pathologists**

Once the ASLP-IC becomes operational, audiologists and speech-language pathologists can apply for the *privilege to practice* in ASLP-IC states.

By already being licensed in the home state and remote state, an individual has already established full rights to practice in these states and, therefore, an individual would not receive a *privilege to practice* through the ASLP-IC.

An audiologist or speech-language pathologist would need to cancel the license in the remote state and apply for a *privilege to practice* through the ASLP-IC.

## **Impact on Consumers**

**ASLP-IC is a mechanism that can ensure public protection and improve access to care**

**while easing the barriers for competent and qualified audiologists and speech-language pathologists through the following:**

- All audiologists and speech-language pathologists must hold an active license in their home state.
- Although audiologists and speech-language pathologists are not required to have a license in the remote state, they must meet established criteria and have had no disciplinary sanctions in order to receive a *privilege to practice*.
- States will have access to a real-time, searchable database that provides information about where audiologists and speech-language pathologists are intending to practice within their state.
- ASLP-IC provides a structure for the remote state to revoke the audiologist's or speech-language pathologist's ability to practice within their state.
- Currently, states may not have the authority to impose discipline on their licensees for practice outside state boundaries. ASLP-IC allows the home state to impose discipline regarding the practice in other states.

Through ASLP-IC, states can be assured that the consumers will be receiving care from qualified audiologists and speech-language pathologists and have improved access to care. States will now have a means to identify audiologists and speech-language pathologists providing services in their state as well as have a procedure to address disciplinary sanctions.

**Through the ASLP-IC, consumers will have greater access to care.**

ASLP-IC will allow licensed audiologists and speech-language pathologists to provide continuity of care as clients, patients, and/or students relocate. Audiologists and speech-language pathologists will also be able to reach populations that are currently underserved, geographically isolated, or lack specialty care.

Additionally, states will have an external mechanism that accounts for all audiologists and speech-language pathologists who may enter their state to practice; thus, indicating audiologists and speech-language pathologists have met defined standards and competencies to practice in other states. ASLP-IC will also help states ensure the public will be better protected from harm.